



Front Range Flu Shots 2019 Scheduling Form

Note: Clinics are typically scheduled mid to late September through November. December dates available upon request. The duration of your clinic depends upon the number of anticipated participants and may change if that number changes. The actual amount of time Front Range Flu Shots (FRFS) schedules for your clinic will be based on approximately 35 people per nurse per hour.

* Required

Company Information



Company Name *

Your answer

Street Address *

Your answer

City, State, Zip *

Your answer

Contact Name *

Your answer



Contact Title *

Your answer

Office Phone Number *

Your answer

Direct Line (include extension) *

Your answer

Fax

Your answer

Email *

Your answer

Participation 

Although not everyone will participate, please provide total number of employees:

Total number of employees *

Your answer



If known, number of flu shots given in 2018:

Your answer

Will company size change by fall 2019? *

- ☐ No Change
- ☐ We're growing!
- ☐ We're downsizing.

Growing? How many new employees do you anticipate by fall 2019?

Your answer

Downsizing? How many fewer employees do you anticipate by fall 2019?

Your answer

Insurance and Payment



Company Insurance Plan(s) *

Your answer

Claims and Payment Plans *

- ☐ Do not submit claims to insurance company. Our company will pay for all vaccinations regardless of insurance plan.
- ☐ Submit claims to accepted insurance companies.



For vaccinations not covered by insurance, will your company pay for employee vaccinations? *

- ☐ Yes
- ☐ No
- ☐ Pay Portion
- ☐ N/A

If you answered "Pay Portion" above, please enter the dollar amount your company will cover for each employee:

Your answer

When employees are responsible for paying any portion of the cost for their vaccinations, will company collect payment from employees? *

- ☐ Yes
- ☐ No; Employees are responsible for making payment to the on-site nurse.
- ☐ N/A

Employee family members will be invited to participate in flu shot clinic: *

- ☐ Yes
- ☐ No



For vaccinations not covered by insurance, will your company pay for family members' vaccinations? *

- ☐ Yes
- ☐ No
- ☐ Pay Portion
- ☐ N/A

If you answered "Pay Portion" above, please enter the dollar amount your company will cover for each family member:

Your answer

When family members are responsible for paying any portion of the cost for their vaccinations, will company collect payment from family members? *

- ☐ Yes
- ☐ No; family members are responsible for making payment to the on-site nurse.
- ☐ N/A

Payment Terms



If Company plans to pay for all or part of vaccinations, please select one of the following forms of payment: *

- ☐ Cash or Check at time of the clinic.
- ☐ Check will be mailed to FRFS after clinic is completed.
- ☐ Automated Clearing House (ACH).
- ☐ Credit card.
- ☐ N/A

Please pay within 30 days of clinic. Any invoice not paid within 30 days is subject to a 1.5% monthly finance charge. *

- ☐ I AGREE
- ☐ Please contact "Company" for payment terms.

Comments:

Your answer

Payment is due at time of clinic for individuals/employees not covered by insurance or employer. *

- ☐ I AGREE
- ☐ N/A

Clinics scheduled for 1 hour or less: a \$45 fee will be assessed if less than 20 vaccinations are administered. *

- ☐ I AGREE



Comments:

Your answer

Clinics scheduled for greater than 1 hour: a \$45 fee will be assessed for each hour that less than 20 shots are administered. If the total number of shots administered averages 20 or more per hour the hourly fee will be waived. *

☐ I AGREE

Comments:

Your answer

Additional fees may apply for travel or clinics outside the hours of 7 am - 6 pm. *

☐ I AGREE

Comments:

Your answer

Scheduling 

In order to best accommodate all of your employees/community please state your preferences below:

Schedule our clinic(s) similar to last year's clinic(s): *

☐ Yep

☐ Nope



Day: Any day of the week works for us: *

☐ Yes

☐ No

If No, please mark all days that work best for your Company

	Sun	M	T	W	Th	F	Sat
Row 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Your answer

Specific Date(s) Required

Date

mm/dd/yyyy

Specific Date Comments

Your answer

Our company works on Fridays: *

☐ Yes

☐ No

☐ Sometimes

Comments

Your answer



Normal Business hours (START) *

Time

: AM ▼

Normal Business hours (END) *

Time

: AM ▼

Time: Any time of day works for us: *

☐ Yes

☐ No

If No, provide preferred time range(s):

Your answer

When would you like to take care of scheduling your clinic? *

☐ Contact us later in the year.

☐ Schedule our clinic as soon as possible.

Comments:

Your answer

Parking 



Is parking free at your facility? *

☐ Yes

☐ No

Do you validate parking? *

☐ Yes

☐ No

☐ N/A

IF No, a \$20.00 parking fee will be assessed for each nurse and/or clerk that works the clinic. *

☐ I AGREE

☐ WE VALIDATE PARKING

☐ N/A

Agreement



Cancellation of Agreement: Front Range Flu Shots, LLC (FRFS) must order sufficient quantities of vaccine, purchase supplies, and arrange for equipment and personnel in order to administer the vaccine within the time specified. If clinic(s) is/are cancelled after June 15, 2019, your company is liable for costs incurred by FRFS. *

☐ I AGREE



By checking any boxes above on this form and entering your name, you are agreeing to this authorization. (INSERT NAME) ✖

Your answer

Thank You! 

Please don't hesitate to contact me if you have any questions.

Eileen Nickel

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